State of New Hampshire

Department of Health and Human Services

MINUTES
Rate Structure Work Group Meeting
Friday June 10, 2022 / 10:00AM – 12:00PM
Held via: Zoom Webinar

Attendance: Laurie Vachon, BDS Facilitator; Jen Doig, BDS Facilitator; Christy Roy, BDS Facilitator; Abby Conger, BDS; Drew Smith, A&M; Krista Stephani, Myers and Stauffer; Lesley Beerends, Myers and Stauffer; Jacquelyn George, Myers and Stauffer; Kim Shottes, ED Plus Company; Martin McNamara, Optumas; Ellen McCahon, ED CSNI; Matthew Cordaro, ED One Sky Services; Shelley Kelleher, CFO Lakes Region Community Services; Sudip Adhikari, Gateways; Kara Nickulas, CMCC; Alecia Ortiz, A&M; Stacey Rosenzweig, A&M; Susan Silsby, Easter Seals

Please reference the corresponding slide presentation for the detailed agenda, including topics and themes covered in the meeting and corresponding takeaways and applicable action items.

Topic	Key Takeaways & Action Items
Revisit Cost Report Timing Discussion	<u>**Overview**</u> • Based on feedback from the Work Group on June 1st, Myers and Stauffer (MSLC) worked with the Department to develop a new cost report timeline. Though the timeline is still tentative, it is designed to meet future deadlines and the requests of the Work Group. ○ June 30th: MSLC will have a final draft of the cost report completed. ○ July 1st-15th: Beta testing of the cost report will take place. Beta testing will be conducted by the Work Group members (or their designee) and the Moore Center, only. All feedback from the beta test is due to MSLC by 7/15. ○ August 1st: The final version will be distributed to all providers for completion. ○ September 30th: All DAADS related costs are due to MSLC. ○ November 1st: All other information due to MSLC. ○ This proposed timeline incorporates the Work Group members' request for a beta test period and 90 days for cost report completion.

	<u>Work Group Feedback</u>
	• Generally, Work Group members are supportive of this approach; one Work Group member voiced specific support and thanked MSLC and the Department for implementing recommendations made by the Work Group members. Questions received on the timeline are noted below.
	• When will the DAADs functions be finalized?
	  o MSLC Response: MSLC is still developing DAADS schedule. Once we have a finalized list of DAADS functions from the DAADS sub-group, we will start refining the schedule. We anticipate having 2 additional meetings in June with Area Agency (AA) business managers to discuss.
	• Why are the DAADS cost due prior to everything else?
	  o Department Response: BDS has been requested by upper management to have the DAADS cost report information to be due by 9/30.
	• We didn’t start discussing DAADS until a couple weeks ago, now we have to have this done quickly, what happened? There is a concern about reporting information for services that currently contain GM needed to fund a future DAADS rate.
	  o Department Response: Having DAADS rates developed was recommended for the 07/1 go live direct bill. This information was discussed in this group and a timeline strategy was developed as a result. The DAADS functions have been an ongoing discussion in the DAADS sub-group.
	• Is this the contingency plan?
	  o Department Response: The Department is working with our federal partners and information will be communicated as quickly as possible.
	• What does a beta test look like?
	  o MSLC Response: We are asking for Work Group members to look at the cost report and schedules and provide feedback on instructions, definitions, and information as included on the cost report. We ask for feedback on ease of understanding and completing the cost report.
	• When will we get actual case management requirements, meaning what functions fall under case management?
	  o MSLC/Department Response: MSLC has been provided a case management task list and has been incorporating information from that Department developed list into the case management tab on the cost report. MSLC will need to confirm the distinctions between case management and DAADS prior to release of the final cost report. Any feedback on case

	management should be provided now or during the beta test period. • What happens to private case management? ○ MSLC/Department Response: When the cost report is distributed, there will be instructions on how to fill out areas of the cost report. MSLC is still developing how training will look, but MSLC will be available for questions and will likely record “snippet” videos on schedules so that providers can review information that pertains to them without needing to review a full training video covering all areas of the cost report.
Reminder on logistics for feedback	**<u>Overview</u>** • MSLC encouraged feedback between Work Groups. To date, they have received feedback from three members outside of Work Group sessions. • Feedback is due to MSLC no later than Friday, June 17th to update cost report with information as received. • Feedback is critical to help us have the best product for beta test.

Continue Discussion on Cost Report Schedules	**<u>Work Group Discussion- Case Management/Service Coordination Tab</u>**
	• MSLC is looking for information based on how often these case management-related tasks would take on average throughout the year.
	• MSLC has added SIS-related activities and HRST-related activities in separate sections based on feedback on 6/3.
	• In the case management productivity section, this is where transportation, office, communication, and other activities would be reported, though MSLC is looking for feedback on wording to ensure accuracy.
	  ○ Assistance with benefit application and maintenance of benefits
	  ○ Coordination to acquire adaptive technology mods, etc.
	  ○ Assistance with housing
	  ○ Assisting with PA packets.
	    ▪ The Work Group members discussed wording related to coordination.
	    ▪ Additional discussion on the above topics ranged from training provided by agencies IT staff, DAADS and case management functions (e.g. coordination with a managed care organization), third party liability, and waiver versus state plan service coordination.
	    ▪ MSLC made notes on specific changes based on feedback.
	• After a Work Group member posed a question related to Intensive Treatment Services (ITS) case management, MSLC facilitated a lengthy discussion about ITS, what the service entails, and how it

	may or may not fit into the design of the case management services tab as of June 10th. o In summary, a case manager does not write or conduct a risk management plan, but they are involved in the collection of data for the risk assessment to be done. And then someone billing under the specialty service completes an assessment; typically another individual would write the resulting risk management plan. A case manager's role is supplying data needed to have that assessment be as accurate as possible and ensuring that all team members are in the know that a plan exists and that it is adhered to. o MSLC will use the information obtained during the discussion on ITS to develop additional questions and refine the case management tab to reflect the feedback from Work Group members. **<u>Work Group Discussion- Training</u>** • In the last Work Group meeting, the group discussed how training requirements are different, based on the service. • MSLC reflected training as that required in the first year of employment, and training required in subsequent years. ○ These are training hours done be a direct support professional (DSP). As such, MSLC is not anticipating receiving training information for respite or Enhanced Family Care (EFC). ▪ The Work Group confirmed that EFC training is the responsibility of the AA's and private providers (vendors). As such, additional conversation is needed. • For other cost reports, MSLC has added on direct support worksheet columns for percentage of turnover and number of hours in years by position, to better assist providers in answering questions related to training. In New Hampshire, for the AA's would it be easier to fill out turnover and hours of training by position or to fill it out on a separate sheet by services? ○ For a DSP doing community participation services (CPS) there are state requirements; these are not completed by person. ○ Staffed residential is the same, but there may be more individual specifics (behavioral/medical/mental health component) that a DSP would need training on. ○ EFCs typically have a lot of training. ○ For respite, this could vary depending on the AA or the vendor involved. • Having a training worksheet was decided by the Group to be the preferred method for capturing training-related costs. • Additional trainings will need to be added to the worksheet. • It was noted that if job shadowing is required, it needs to be captured as a training component because a provider will pay one

	individual to provide the service (captured in the base wage of the rate) but if another individual is involved in job shadowing, that cost would be reflected under training.